Programme (NLEP), Multi Drug Therapy services were extended to all the districts of the country in a phased manner. Some of the districts of Bihar were brought under MDT only by 1995-96.

The State of Bihar has a problem of acute understaffing, both in Vertical Leprosy Structure and General Health Care Services.

There are a number of vacancies in both regular and contract staff. The current prevalence rates for States of U.P., M.P., Orissa, Chhattisgarh and Jharkhand are given below:—

States	Prevalence Rate/10,000 population
Madhya Pradesh	2.58
Uttar Pradesh	6.19
Chhattisgarh	11.55
Jharkhand	15.05
Orissa	9.26

(c) and (d) To overcome manpower shortage, the State has been sanctioned 23 posts of Assistant District Leprosy Officers to be filled on contract basis. Expenditure on these posts will be met from NLEP funds given to districts by the Government of India.

The focus during the 2nd Phase of NLEP is one of the 5+2 endemic States which includes Bihar. In order to provide further technical support, some international NGOs working in the field of leprosy are providing Technical Support Teams, one in each district of Bihar. WHO has provided a State Coordinator in each endemic State including Bihar. In addition to this, WHO has also provided 3 zonal coordinators in Bihar.

Steps to check reappearance of plague

2984. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that reappearance of plague in parts of Himachal Pradesh reflected a retrograde journey in the health-care sector, although the timely intervention of his Ministry was able to contain it; and

(b) if so, the reasons therefor and the effective steps since taken by his Ministry to ensure that such a deadly disease does not resurface in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The outbreak of pneumonic plague reported recently in Hatkoti village of Jubbnal-Kotkhai Block, Shimla district, was detected immediately and the National Institute of Communicable Diseases, Delhi with the cooperation of the State Government took timely action for its containment.

(b) A pilot programme called the National Surveillance Programme of Communicable Diseases (NSPCD) is under implementation in the country with a view to strengthen the disease surveillance system so that early warning signals of outbreaks are recognized and appropriate follow-up action is initiated, the programme is being implemented through the existing health infrastructure and surveillance system involving training of medical and paramedical personnel, upgradation of laboratories, and improvement in communication system. The programme is currently being implemented in 100 districts.

Under the 10th Five Year Plan, a Project Implementation Plan, integrating various activities under the programme is under preparation so as to strengthen the existing surveillance system at the district, State and National levels and to build up additional capacities for effective communication and technology, upgradation of laboratories etc., ensure involvement of public and private sector institutions, private practitioners and NGOs in the process of effective implementation of disease surveillance programme. This would integrate non-communicable diseases also in the programme, develop proper urban surveillance systems, and optimize the utilisation of available resources and to bring about effective inter-sectoral cooperation among various agencies in the health and non-health sector.